

cium in 1 case. Associated with this increase was the disappearance of the symptoms and apparent cure. In cases of convulsions not due to tetany the blood calcium was very low. This was especially true in epilepsy. In 25 cases of lobar pneumonia, bronchopneumonia and acute bronchitis the blood calcium was very low. After the crisis it rose somewhat. There was no calcium excretion during the febrile stage, but there was after the crisis.

The Ulcerated Meatus in the Circumcised Child.—BRENNEMANN (*Am. Jour. Dis. Children*, January, 1921) notes that the ammoniacal diaper occurs less frequently and less severely with cream mixtures than with simple whole milk mixtures or even with dried milk mixtures. This would rule out fat alone as a cause of this condition. The writer thinks that in a milk mixture it occurs less frequently if the fat is relatively higher than the protein and the salts as compared with their normal relative representation in whole milk. It occurs more frequently if the normal proportion is maintained or if the fat is relatively lower than the protein and salts. The condition has been observed in which partly fat free milk was used. The protein and salts must also be considered as possible causative factors. The failure of the ammonia to occur except in connection with the wet diaper in place, together with the peculiar behavior of the ammoniacal diaper would suggest a further non-dietetic factor existing in the diaper itself. The ammonium salts are fairly stable. Alkalies in the diapers have been set forth as the factor responsible for the breaking-up of the ammonium salts. The source of this may be strong alkali soap used in washing and not thoroughly rinsed from the diapers or bedding. Alkaline stools may also set about the same breaking-up of ammonium salts. Bacteria have also been suggested as causative factors. While the whole proposition of etiology is not clear, still it is justifiable to believe that there are at least two factors present: First, there is the excessive excretion of ammonium salts due to lack of balance of the diet, and second either alkaline stool or unrinsed soap in the diaper itself or bacteria, which break up the ammonium salts and liberate free ammonium.

Chronic Tuberculous Hilus Pneumonia in Children.—GREENBERG (*Am. Jour. Dis. Children*, January, 1921) reports 2 cases. He says that extensive tuberculous lesions about the hilus may occur in infants and young children and pursue a rather chronic course. Recovery probably takes place in the majority of the cases even in children under two years of age. The onset in this type of pulmonary tuberculosis is more or less gradual, and there may be no lung signs until after the disease has lasted for some time. Irregular fever, sweating, expiratory obstruction, diminished breathing, with impaired resonance, a positive von Pirquet and a characteristic roentgen-ray picture are among the earlier manifestations. Enlargement of the supra-clavicular lymph nodes, positive results from the guinea-pig inoculations of material from lung puncture or of sputum, and the presence of tubercle bacilli in the sputum may be found later in the course of the disease. This form of tuberculosis should be suspected in infants or children with prolonged irregular fever and sweating, with a positive von Pirquet.

Blood Volume in Infants Estimated by the Vital Dye Method.—LUCAS and DEARING (*Am. Jour. Dis. Children*, January, 1921) found great variation in blood volume per cent. in newborn infants, ranging from 10.7 to 19.5 per cent of body weight and from 107 to 195 cc per kilogram, and the pigment volume from 304 to 899 cc. The average for these were blood volume per cent, 14.7; blood volume per kilogram, 147 cc; and pigment volume, 521 cc. Another one of the interesting variations was that found between plasma volume and red cell volume. The plasma volume per cent was small as compared with the relatively high red cell percentage. These findings were fairly constant in the newborn during the first ten days. No reason could be given for the wide variation beyond the fact that the blood during the first few days undergoes a definite adjustment to the new surroundings. From studies on blood protein and blood sugars it is known that a similar wide variation occurs during the first few days before the normal averages are established, and the blood volume undoubtedly goes through this same period of adjustment, when the blood-forming organs are first called upon to function independently of any assistance from the maternal circulation. There does not seem to be any constant relation between blood volume and weight, length or age in hours or days up to the fifteenth day. In the infants from fifteen days to one year of age there was a definite uniformity constant for the individuals, and the variations between individuals were much less marked than in the first fifteen days, the extremes being from 9 to 12.6 per cent, and the average 10.9 per cent. There was a fairly definite attempt to stabilize the blood volume during the first few months; and for any given infant over a period of several months, the blood volume remained at a fairly constant level.

A Study of the Spinal Fluid in Fifty-two Cases of Congenital Syphilis.—KINGERY (*Jour. Am. Med. Assn.*, January 1, 1921), in a study of 52 cases, found an unquestionable diagnosis established by the presence of the accepted symptoms and stigmas of prenatal infection, the presence of definitely positive reports or both. The findings reported were those found in the routine puncture without any reference to any indications or group of presenting symptoms. In every case the patient had remained long enough under observation to substantiate any doubtful findings, and to observe any developing symptoms, or the occurrence of former ones not demonstrable at the time of the first examination. The ages varied from three weeks to twenty-one years of age. Of the total of 52 cases, 15, or 28.8 per cent, presented some deviation from the normal, according to the accepted standards of spinal fluid findings. The cases divided themselves into two groups according to the extent or severity of the infection. The first group I, which only slight changes had taken place up to the time of the puncture, consisted of 4 cases. In 3 of these the Wassermann reaction on the cerebrospinal fluid was 1+; in 2, 2+. In addition the cell count revealed a slight pleocytosis. The highest cell count in this group was 15 and was associated with an increase in solids to like degree. The early central nervous system impairment was clinically substantiated by the presence of chorioretinitis, increased reflexes and in 1 case by severe nerve deafness. The second group comprised the